

Name

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office:

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2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

L A. David Irohan		☐ House ☐ Senate
Mailing address		District
2084 Washington Kd		LO adeption horizon de la constant d
City, zip code Waldbaro Me	04572	Phone 832- 4/35
PART 1. INCOME DE	ERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whe economic activity of each employer.	nom you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
Self-employed s	Stability CASAR	togging
- Elektronoment		en-vivolet
		S transferrance (S)
	E DERIVED FROM SELF-EMPLOYMEN gislators who are self-employed.)	
A. List the name and address of your business, if any associated with a partnership, firm, professional associatity.		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Trahan Laging Address: 2084 Washington, 121 Walhonso Me 04572	Logging	forestly
Name: Address:		1844 - MINISTER CO. 1874 - M. 1874 -
		A STATE OF THE STA

	DANGES STREET STREET, STREET STREET, S	
PART 2 (continued). INCOME DERIVED (For Legislators who are set		MENT
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	more than 10% of your g person from whom you d	erived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:	EPPE III PERSONALIAN SERIA KANTANTAN KANTANTAN KANTANTAN KANTANTAN KANTANTAN KANTANTAN KANTANTAN KANTANTAN KAN	
Name:		
Address:		
PART 3. MAJOR AREAS ((For Legislators who are attorne		
List your major areas of practice. If associated with a law firm, list the major a	- 110-20-20-20-20-20-20-20-20-20-20-20-20-20	m.
Name and Address of Firm	Major Areas of Pra	ctice Major Areas of Practice (firm)
Name:		
Address:		
Name:		
Address:		PLY PROBABLY
	<u> </u>	
PART 4. OTHER SOURCE	S OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the	nis form. Do not include gi	fts. If none, check the box.
None	@MIABETERINGERE (SEEDANA KAMALEED-DE-BERGAALA AMEDIA HIBETERA AREA AREA AREA AREA AREA AREA AREA	tik bibitah melahnyai pengangan di Mirah Kabahasa bibah semenjadi bebahan bibah Kanasi ma Pimbaama da asama menyamannyi penganja
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	MINIALEM MARKET	
Address:	Atter editablesses	
Name:		жения в этом от положения от положения в от
Address:		

PART 5. REPORTABLE	LIABILITIES	Ferencia (Espesa) (PRE ERE) (E. 1995) December (Erencia)
List the names of creditors for any $\underline{\text{unsecured}}$ loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or loans of \$2,000 or more that areas of economic activity of each creditor.	you received during the ans from a relative. If nor	reporting period, and list the major ne, check the box.
☐ None	gg Ad John Wang May And John John John John John John John John	all minor abound threat on a trib about a manage and an arm a manage and a significant and a significant and a
Name and Address of Creditor	-th	Principal Type of Economic Activity of Creditor
Name:	ormanica AAAAA	
Address:	S-S-S-1P-ELEALANI	
Name:		Vormittel Mit Mit vorde Vilher det Mitte Mittel Mit
Address: .		

PART 6	REPORTABLE GIFTS	0 e e	
List the specific source of each gift of more than \$300. Incone, check the box.	clude gifts with an aggregate v	value of more	e than \$300 from a single source. If
D None			
Name of Source of Gift		Name of	Source of Gift
1,	3.	alan Maria Mar	
2.	4.		
PART 7. R	EPORTABLE HONORARI	A	
List the source of any honoraria accepted for appearances o	or speeches related to your leg	islative respo	ensibilities. If none, check the box.
None	And the state of t	isperti i rimani i rimini moni en en en en esta profesione l'esta est	optimistajamakantikkijamakalajahakankalaine respisiere kulle hakalajajaininenen enementajan para hakanen miin maakkalainininistaja primbaka
Name of Source of Honoraria	terioris de la companya de la compa Transferioris de la companya del companya de la companya de la companya del companya de la companya del la companya de la companya del la companya del la companya del la companya del la compa	Name of Sou	urce of Honoraria
	S		enkilindinkilahkhilanindinisen manaratan kankan mengakan kankan kankan kankan pengapan pengapan pengapan penga Penkilindinkilahkhilanindinisen manaratan kankan kankan kankan kankan pengapan pengapan pengapan pengapan peng
2.	4.		
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you repres box.		Properties of the second state of the second s	
None		natudninda alaka kan kan kan kan kan kan kan kan kan	makan kaman kata sa kara-ta ta ta kata ana kata sa ta
Name of Agency		Name	of Agency
1.	3.	Specific by American Specific conference on the control of the con	- The state of the
2.	derböllitalakkerthallisilekskalaksiparetalunduholisialaksiparetalunduholisialaksiparetalunduholisialaksipareta 4.	"4 EEN ATSPIL HIPPERIPY Y KIEN MIANIN HANANA	Northalachtachtachtae Polanocheald (со. объемовые основный положений в груповый положений положе
DART O BUCU			
List each executive branch agency to which you or a member 19.	NESS WITH STATE AGEN	Part British Berlen (Se 1981)	r services with a value in excess of
\$1,000 during the reporting period. If none, check the box.	AND	SSHIAT CONTRACTOR IS CONTRACTOR CONTRACTOR	COLUMN AND AND AND AND AND AND AND AND AND AN
None	alandal samelina manamana garat umahadi Asadi samelinik kili kanasa kapan pan sameli (kili) ili Asibili kali k	listuvin täviteis sylvissin kassinnyn viilivin vytuvina	
Name of Agency		Name	of Agency
1.	3.	ngga starath na daoine ann a stàrath a na a-thra a dàr air ne an athra a sa	ere Cold de Calain ann an 18 an 18 gairt an ann an ann an ann an ann an ann an a
2.	4.		
PART 10. INCOME RECEIV	ED BY MEMBERS OF IMM	MEDIATE E	AMIL Y
List the type of economic activity representing each source			
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If y	our spouse o	or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:	1.	Spouse or	1.
Job Title:	2.	Domestic Partner	2.
	3.	***************************************	3.
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
activity and the King Officering.		Dependent Child	

□ None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	s Compen- sated?
Miles and St Andrews Hospital Board of Pired	205 Board mamber			Aa Aa
Community Go thorags	Board Number			10
	SIGNATURE			
he intentional filing of a false statement is a Class E	E crime. If the Commissi	on concludes tha	t it appears that	•
he intentional filing of a false statement is a Class E	E crime. If the Commissi	on concludes that General. (1 M.R.S	t it appears that	a Legislator I
he intentional filing of a false statement is a Class E illfully filed a false statement, it shall refer its finding Signature ADD Please provide any additional information below (and	E crime. If the Commissins of fact to the Attorney of the Atto	on concludes that General. (1 M.R.s 1) A.B.s D	t it appears that S.A. § 1019)	a Legislator I
he intentional filing of a false statement is a Class Edilfully filed a false statement, it shall refer its finding Signature ADD Please provide any additional information below (and the information you are providing.	E crime. If the Commissins of fact to the Attorney of the Atto	on concludes that General. (1 M.R.s 1) A.B.s D	t it appears that S.A. § 1019)	a Legislator h
he intentional filing of a false statement is a Class Edilfully filed a false statement, it shall refer its finding Signature ADD Please provide any additional information below (and the information you are providing. art/Section	E crime. If the Commissins of fact to the Attorney of the Atto	on concludes that General. (1 M.R.s 1) A.B.s D	t it appears that S.A. § 1019)	a Legislator h
he intentional filing of a false statement is a Class Edilfully filed a false statement, it shall refer its finding Signature ADD Please provide any additional information below (and the information you are providing.	E crime. If the Commissins of fact to the Attorney of the Atto	on concludes that General. (1 M.R.s 1) A.B.s D	t it appears that S.A. § 1019)	a Legislator h
he intentional filing of a false statement is a Class Entilfully filed a false statement, it shall refer its finding Signature ADD Please provide any additional information below (and the information you are providing.	E crime. If the Commissins of fact to the Attorney of the Atto	on concludes that General. (1 M.R.s 1) A.B.s D	t it appears that S.A. § 1019)	a Legislator h
	E crime. If the Commissins of fact to the Attorney of the Atto	on concludes that General. (1 M.R.s 1) A.B.s D	t it appears that S.A. § 1019)	a Legislator

PART 11. OFFICER OR DIRECTOR POSITIONS